

Foreign Labor Certification Unit
Alabama State Employment Service
649 Monroe Street, Room 2805
Montgomery, AL 36131
FAX: (334)242-8585

ALABAMA

Indicate reason for request

_____ H-1B
_____ H-2B

_____ PERM
_____ Schedule A

PREVAILING WAGE REQUEST

1. Name of employer (Include "doing business as" name)		2. Telephone Number () _____	
3. Address (Number, Street, City County, State, ZIP)		4. FEIN Number & Ala UC Tax	
5. Name of Alien (Last name in all capitals)			
6. Address Where Work Will Be Performed			
7. Nature of Employer's Business	8. Alien's job title	9. Work shift	10. Rate of Pay (Entry Required) \$ _____ per _____
11. Describe fully the job to be performed beginning with the main duty. (Include whether work is done independently or is closely supervised.)			
12. College Degree Required(A.A, B.S., M.S.,PhD.) Specify Field of Study _____ _____		13. Other Special Requirements	
14. License Required			
15. Experience Required in Job. (Enter related acceptable exp & amount in #13) Years _____ Months _____			
16. Title of Alien's Immediate Supervisor		17. Job Title(s) & Number of Workers Supervised by Alien _____	
18. If occupation is unionized, please indicate Local Union Name and Number below _____		19. Give name, address and fax number if information is to be sent to anyone other than employer. _____	

*******Make No Entry in This Section. For State Workforce Agency Use Only*******

Based on Department of Labor regulations and guidelines, it has been determined the employer's rate of pay for the above position:

_____ Meets prevailing wage requirements

_____ Does not meet prevailing wage requirements

Prevailing wage is \$ _____ per _____

OES Code _____ Level _____ **or** SCA Code _____ **or** Other _____

Determined by _____

_____ Date

OES wage rate is valid for at least 90 days or until next release of OES data but not to exceed 1 year. SCA or DBA and employer-conducted survey valid for 90 days. Published survey valid until next publication but not to exceed 1 year.

ALABAMA
Prevailing Wage Request Form
Form PW-2(3/18/05) - Instructions

*****In upper right hand corner of FORM PW-2, indicate reason for request.*****

Items

1. Enter the full legal name of the business, firm, or organization, including “doing business as” name, or if an individual, enter the name used on legal documents.
2. Enter the employer’s phone number, including area code, and extension(if applicable). Indicate if land (L) or cellular phone(C). If employer is not represented by attorney or agent, enter FAX number also and identify as such.
3. Enter the address of the employer’s principal place of business. This should be the address of the headquarters or main office.
4. Enter the employer’s nine digit Federal Employer Identification Number (FEIN) which is assigned by the Internal Revenue Service, and the Alabama Unemployment Compensation Tax number.
5. Enter the alien’s complete name with last name in all capitals.
6. Enter address including city , state and county where work is to be performed.
7. Enter nature of employer’s business to include the type of service provided or product produced.
8. Enter the title used by the employer for the position.
9. Enter hours of work shift and the days of week required to work. For example, 7a.m. - 3p.m. M-F.
10. Enter the rate of pay and unit of pay - hour, week, month, year-for the position. This is a **mandatory** entry.
11. Describe fully the job to be performed beginning with the main or core duty. Enter duties that would be performed by any worker filling the job. Include only duties that will actually be performed. Do not include “may” statements. Specify equipment used and working conditions. If a restaurant, include the number of customers restaurant will seat. If position in a hotel, include the number of beds.
12. Enter the **minimum level** college degree required and specify the acceptable fields of studies. (If alternate combination of education and experience is acceptable, enter information in item 13.)
13. Enter specific skills or other requirements for the job offered.
14. If a professional or occupational license is required, enter type of license.
15. Is experience **in the job** required, if so, enter the **minimum amount** of experience required to perform job as described in item 11.

If experience in an **alternate occupation** is acceptable , identify acceptable alternate occupation and the amount of experience in item 13.
16. Enter the *occupational title* of the immediate supervisor for the job as described in item 11.
17. Enter “None” or “0” if the job does not involve supervising other workers. If job involves supervising other workers, enter the job title(s) of workers supervised and the number of workers per job title.
18. Enter the Local Union Name and number, if occupation is unionized. Provide information on the union wage, if wage is established by a bargaining agreement that was negotiated at arms length between the union and the employer.

If occupation is not unionized, enter “N/A”.
19. If information is to be sent to anyone other than employer, enter name, address, telephone number and FAX number.

Fax completed form to Foreign Labor Certification at 334-242-8585

For PERM, retain SWA prevailing wage determination for a period of five years from the date of filing.